

# APPLICATION FOR LEGAL SERVICES PROTECTIVE ORDER

File No.: \_\_\_\_\_ [office use only]

**PLEASE ANSWER ALL QUESTIONS IN THIS APPLICATION. IF YOU FAIL TO ANSWER THE QUESTIONS MARKED IN BOLD, YOUR APPLICATION WILL BE AUTOMATICALLY REJECTED. THE FOLLOWING INFORMATION IS FOR OUR USE ONLY. WE WILL LET YOU KNOW IF YOUR APPLICATION HAS BEEN ACCEPTED WITHIN FOUR WEEKS.**

**Applicant Name:** \_\_\_\_\_  
First Name
Middle Name
Last Name

**Do you have a pending case in court?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered "yes," what is the cause number? \_\_\_\_\_

When was the case filed? \_\_\_\_\_ What county is your case filed in? \_\_\_\_\_

Was the case filed by you or the adverse party? \_\_\_\_\_

What date is your next court hearing? \_\_\_\_\_

Are you receiving services from Family Violence Prevention Services? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered "yes," what services are you receiving? \_\_\_\_\_

Do you have copies of the following EVIDENCE?

	Yes	No		Yes	No
Pictures?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide them?	<input type="checkbox"/>	<input type="checkbox"/>
Police reports?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide them with this application?	<input type="checkbox"/>	<input type="checkbox"/>
Medical records?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide them?	<input type="checkbox"/>	<input type="checkbox"/>
Phone calls/text messages?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide them?	<input type="checkbox"/>	<input type="checkbox"/>
Court orders for child support?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide them?	<input type="checkbox"/>	<input type="checkbox"/>
Witnesses?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide names and contact info?	<input type="checkbox"/>	<input type="checkbox"/>
Screenshots of social media?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide them?	<input type="checkbox"/>	<input type="checkbox"/>

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7911 Broadway, San Antonio, Texas 78209, Fax: (210) 314-1016, Email: Natalie.Pruitt@fyps.org*

**YOUR INFORMATION**

1. \_\_\_\_\_  
**First Name** **Middle Name** **Last Name**

\_\_\_\_\_ Do you want your maiden name restored? Yes: \_\_\_ No: \_\_\_  
**Maiden Name**

2. **Your Address:** \_\_\_\_\_  
**Street** **Apartment/Building**

\_\_\_\_\_ **City** **State** **Zip code**

Is it safe to receive mail at the above address? \_\_\_\_\_

Alternate Safe Mailing Address (in the event you move from your current address):

\_\_\_\_\_ **Street** **Apartment/Building**

\_\_\_\_\_ **City** **State** **Zip code**

**County of Residence:** \_\_\_\_\_

**How long have you lived in your county of residence?** \_\_\_\_\_

**How long have you lived in Texas?** \_\_\_\_\_

3. Please record the contact information where our agency can reach you in the spaces below.

**Home Phone:** \_\_\_\_\_ **Is this number safe? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Is this number safe? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Is this number safe? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
**Is this email address safe? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Below, please provide some information about yourself. If you do not have a Social Security Number or Driver's License, please write "N/A" in the appropriate space(s).

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**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Driver's License:** \_\_\_\_\_ **State of License:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Sex (female/male):** \_\_\_\_\_

Place of birth: \_\_\_\_\_  
City State Country

5. Please record your citizenship or immigration information below. If a category does not apply to you, please write "N/A" in the appropriate space(s).

**Are you a U.S. Citizen? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**If not, do you have a VISA? \_\_\_\_\_ Work Pass? \_\_\_\_\_ Other? \_\_\_\_\_**

**Are you a Permanent Resident? \_\_\_\_\_ Are you Undocumented? \_\_\_\_\_**

6. Are you currently in the military? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what branch? \_\_\_\_\_ Current rank? \_\_\_\_\_ Number of years? \_\_\_\_\_

Active Duty or Reserves? \_\_\_\_\_ Which Base? \_\_\_\_\_

Are you retired or separated from the military? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, how long ago? \_\_\_\_\_ Were you honorably discharged? \_\_\_\_\_

7. Who are you living with and what is their relationship to you?

\_\_\_\_\_

8. Are you employed? \_\_\_\_\_ Full time or Part time? \_\_\_\_\_ How long? \_\_\_\_\_

\_\_\_\_\_

Employer Name Address

### **ADVERSE PARTY INFORMATION**

Below, please provide some information about the adverse party (spouse, former partner, other parent, etc.) If you do not have a Social Security Number or Driver's License number available for the adverse party, please write "N/A" in the appropriate space(s).

9.

\_\_\_\_\_

First Name Middle Name Last Name

\_\_\_\_\_

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10. Address: \_\_\_\_\_  
Street Apartment/Building

\_\_\_\_\_  
City State Zip Code

11. Can the ADVERSE PARTY be served at the above address? \_\_\_\_\_ If not, at what address can the adverse party be served?  
\_\_\_\_\_

12. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License: \_\_\_\_\_ State of License: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex (male/female) : \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

13. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

14. Is the Adverse Party currently in the military? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what branch? \_\_\_\_\_ Current rank? \_\_\_\_\_ Number of years? \_\_\_\_\_

Active Duty or Reserves? \_\_\_\_\_ Which Base? \_\_\_\_\_

Is the Adverse Party retired or separated from the military? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, how long ago? \_\_\_\_\_ Was he/she honorably discharged? \_\_\_\_\_

15. Is the Adverse Party a U.S. Citizen? Yes: \_\_\_\_\_ No: \_\_\_\_\_

16. Does the Adverse Party have a mental or physical condition? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered "yes," explain the condition and indicate whether he/she has any diagnosis:  
\_\_\_\_\_  
\_\_\_\_\_

17. Did you ever reside with the Adverse Party? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered "yes," when did you separate? \_\_\_\_\_

18. What is your relationship to the Adverse Party? \_\_\_\_\_

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**INFORMATION ABOUT CHILDREN**

19. List all of your minor children, even if they have different parents and even if they are not currently living with you:

**Child #1** Sex: \_\_\_\_\_

**Child #2** Sex: \_\_\_\_\_

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Name of Child's Other Parent

\_\_\_\_\_  
Name of Child's Other Parent

\_\_\_\_\_  
Child's Social Security Number

\_\_\_\_\_  
Child's Social Security Number

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Place of Birth

\_\_\_\_\_  
Child's Place of Birth

\_\_\_\_\_  
Child's Present Address

\_\_\_\_\_  
Child's Present Address

**Child #3** Sex: \_\_\_\_\_

**Child #4** Sex: \_\_\_\_\_

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Name of Child's Other Parent

\_\_\_\_\_  
Name of Child's Other Parent

\_\_\_\_\_  
Child's Social Security Number

\_\_\_\_\_  
Child's Social Security Number

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Place of Birth

\_\_\_\_\_  
Child's Place of Birth

\_\_\_\_\_  
Child's Present Address

\_\_\_\_\_  
Child's Present Address

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Child #5 Sex: \_\_\_\_\_

Child #6 Sex: \_\_\_\_\_

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Name of Child's Other Parent

\_\_\_\_\_  
Name of Child's Other Parent

\_\_\_\_\_  
Child's Social Security Number

\_\_\_\_\_  
Child's Social Security Number

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Place of Birth

\_\_\_\_\_  
Child's Place of Birth

\_\_\_\_\_  
Child's Present Address

\_\_\_\_\_  
Child's Present Address

Has anyone from CHILD PROTECTIVE SERVICES ever contacted you? Yes\_\_\_\_\_ No\_\_\_\_\_

If you answered "yes," please provide the case worker's name, phone number, and the circumstances:

\_\_\_\_\_  
\_\_\_\_\_

**FAMILY VIOLENCE**

Domestic violence can be defined as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner. Abuse includes physical, sexual, emotional, economic, and psychological actions or threats of actions that influence another person. Domestic violence may result in emotional trauma and physical injury and may include the abuse of children and other family members, as well as intimate partners.

**To assist our agency in assessing the urgency of your case, please state the nature of the violence that happened to you and/or your children. Give the month, day, and year of each incident and explain what the adverse party did. Please note if there are police reports and give the case numbers, if so. Please include ALL the incidents of violence you experienced, including those that are not very recent and those that did not involve the police. If you do not remember the dates of violence, please write "N/A" in the appropriate space(s). If the violence you experienced occurred over a long time or constantly during your relationship and you cannot recall a specific incident, please record the long term mistreatment and give the frequency with which it happened. You can use additional paper, if needed.**

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**Date of Incident:** \_\_\_\_\_ **or Frequency of Abuse:** \_\_\_\_\_

**Location of Violence:** \_\_\_\_\_

**Description of Violence:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Were the police contacted? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If the police were contacted, was the adverse party arrested? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Date of Incident: \_\_\_\_\_ or Frequency of Abuse: \_\_\_\_\_

Location of Violence: \_\_\_\_\_

Description of Violence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Were the police contacted? Yes \_\_\_\_\_ No \_\_\_\_\_

If the police were contacted, was the adverse party arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Incident: \_\_\_\_\_ or Frequency of Abuse: \_\_\_\_\_

Location of Violence: \_\_\_\_\_

Description of Violence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Were the police contacted? Yes \_\_\_\_\_ No \_\_\_\_\_

If the police were contacted, was the adverse party arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

20. Are there any negative facts that the Adverse Party can/will use against you? (e.g. criminal history, alcohol/drug abuse, physical abuse, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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21. Are all of your minor children living with you? Yes \_\_\_\_\_ No \_\_\_\_\_
22. Have you contacted the D.A.'s office (or the Family Justice Center) for a Protective Order?  
Yes \_\_\_\_\_ No \_\_\_\_\_
23. Do you understand that your case may be refused if you do not provide an accurate address for the Adverse Party so that he/she may be served? Yes \_\_\_\_\_ No \_\_\_\_\_
24. Have you had a previous Protective Order? Yes \_\_\_\_\_ No \_\_\_\_\_
25. Have you ever been to court before for any reason? Explain \_\_\_\_\_
- 

**PROPERTY INFORMATION**

If you or your spouse own any of the following property, please check all that applies:

	You	Your Spouse	Joint Ownership	Value
House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Retirement Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Saving Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Certificate of Deposit (CD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Thrift Savings Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Rental Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

**YOUR FINANCIAL INFORMATION**

The following information will be used to determine financial eligibility and to prepare an affidavit. If we are able to accept your case, you will be required to sign and notarize the affidavit, so that you will not have to pay filing fees. This information **MUST** be accurate.

**Monthly Income**

**Amount**

- a) **Gross Income from Employment** \$ \_\_\_\_\_
- b) **Child Support** \$ \_\_\_\_\_
- c) **Retirement** \$ \_\_\_\_\_
- d) **SSI/Social Security** \$ \_\_\_\_\_

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**Monthly Income (continued)**

**Amount**

- e) TANF \$ \_\_\_\_\_
- f) Food Stamps \$ \_\_\_\_\_
- g) Unemployment Benefits \$ \_\_\_\_\_
- h) Military Housing Allowance \$ \_\_\_\_\_
- i) Military Food Allowance \$ \_\_\_\_\_
- j) Other income \$ \_\_\_\_\_  
Source of other income: \_\_\_\_\_
- k) Current Partner's Income \$ \_\_\_\_\_  
(if your current partner is NOT the adverse party)

Number of Dependents: \_\_\_\_\_

(Dependents include any children under age 18, including children NOT of the marriage)

Your email address or phone number: \_\_\_\_\_

How did you access this application for legal services?

- Walk-in
- Phone
- Our Website
- Referral

If you were referred to our agency, how did you find out about our services?

- Battered Women and Children's Shelter
- Homeless Shelter \_\_\_\_\_
- Family Justice Center
- Court
- County Clerk
- District Clerk
- Flyer
- TV Advertisement
- Radio Advertisement
- Previous Client
- Health and Human Services
- Public Library
- Counselor \_\_\_\_\_
- Police Department
- Attorney \_\_\_\_\_
- Sheriff
- St. Mary's University Clinical Programs
- Social Worker \_\_\_\_\_
- Texas RioGrande Legal Aid
- Catholic Charities
- Website
- Other \_\_\_\_\_

"The information provided herein is true and correct to the best of my knowledge."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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